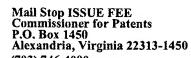
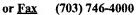
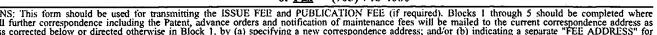
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail







RADER FISHM.	ET N.W., SUITE 501 DC 20036	LC MAR 0 S	2005 Jan	papers. Each additional have its own certificate	l paper, such a of mailing or	is an assignme transmission.	or domestic mailings of the for any other accompanying int or formal drawing, must mission g deposited with the Unite st class mail in an envelop above, or being facsimilate indicated below.  (Depositor's nance (Signatore		
FC:1501 1400.00 FC:1504 300.00	DA	ANAD	EMP				(Date		
C-8001 30.00 APPLICATION NO.	FILING DATE	FIR	RST NAMED INVE	NTOR	ATTORNEY D	OOCKET NO.	CONFIRMATION NO.		
10/615,240	07/09/2003		Akira Kuramor	i	OGW-	-0272	8318		
TITLE OF INVENTION: T	TRE/WHEEL ASSEMBLY	AND RUN-FLAT SU	JPPORT MEMBI	ER					
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nonprovisional	nonprovisional NO			\$300	\$1700		05/16/2005		
EXAMINER		ART UNIT		LASS-SUBCLASS			•		
JOHNSTONE,	JOHNSTONE, ADRIENNE C		•	152-156000		•			
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless	dence address (or Change of 22) attached.  tion (or "Fee Address" Indiction (or more recent) attached. Use D RESIDENCE DATA TO B at an assignee is identified by a 37 CFR 3.11. Completion	ation form e of a Customer E PRINTED ON THE	registered attorne 2 registered pater listed, no name w E PATENT (print ta will appear on	or type) the patent. If an assign	es of up to no name is		ocument has been filed fo		
(A) NAME OF ASSIGN	•			TY and STATE OR COU	JNTRY)				
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4a. The following fee(s) are Signature Fee			Payment by credit card. Form PTO-2038 is attached.						
Issue Fee Publication Fee (No s	small entity discount permitte								
paras,	•	<u> </u>		hereby authorized by a	harge the requi	ired fee(s), or lose an extra c	credit any overpayment, toopy of this form).		
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Solution Fee (No solution) Advance Order - # or 5. Change in Entity Status  a. Applicant claims Solution Solution Solution The Director of the USPTO NOTE: The Issue Fee and P	f Copies 10  (from status indicated above MALL ENTITY status. See is requested to apply the Isse Publication Fee (if required)	s) 37 CFR 1.27.  The Fee and Publication will not be accepted fi	The Director is reposit Account N  b. Applicant is refer (if any) or to rom anyone other	hereby authorized by clumber 18-00 f	harge the requi	atus. See 37 C e to the applica or agent; or th	FR 1.27(g)(2).		

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Effective o		Con	nplete if Know						
Fees pursuant to the Consolidated			10/615,240-Conf. #8318						
FEE TRAI	Filing Date July 9, 2003								
For F	First Named Inventor Akira Kuram								
	Examiner Name A. C. Johnst			ne					
Applicant claims small en	Art Unit 1733								
TOTAL AMOUNT OF PAYM	Attorney Docket No. OGW-0272								
METHOD OF PAYMENT	(check all t	hat apply)							
Check Credit Care	d N	Ioney Order	No	ne Other	(please iden	tify):			
X Deposit Account Deposit	Account Numb	per: 18-0013	Deposit Acc	count Name:	Rader,	Fishman & Gr	auer PLL	С	
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x Charge fee(s) in	dicated be	low		Charg	e fee(s) in	dicated below, e	xcept for 1	the filing fee	
X Charge any add fee(s) under 37			ment of	x Credit	any overp	ayments			
FEE CALCULATION									
1. BASIC FILING, SEARCH,	AND EXAM	INATION FEI	ES						
	FILIN	G FEES	SE	ARCH FEES	EXAMII	NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50 .	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description							Fee (\$)	<u>Fee (\$)</u>	
Each claim over 20 (including							50	25	
Each independent claim over	3 (includir	ig Reissues)					200 360	100 180	
Multiple dependent claims	.: F	· (6)	Eag I	Paid (\$)	R/	luitiple Depende			
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3. APPLICATION SIZE FEE	^ _								
If the specification and draw listings under 37 CFR 1.5	2(e)), the	application siz	e fee di	ie is \$250 (\$125	for small e	iled sequence or entity) for each a	computer dditional :	50	
sheets or fraction thereof.  Total Sheets Extr	. See 35 U <u>a Sheets</u>			odditional 50 or fra		of Fee (\$)	<u>Fee</u>	Paid (\$)	
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4. OTHER FEE(S)				_			Fees	Paid (\$)	
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Name (Print/Mone) David T Ni	kaido	ecree		(Attomey/Agent)		Date	<del></del>	9 2005	